

National Training Inspectorate for Professional Dog Users Working in Partnership with the Security Industry Professionalism by Professionals

Professionalism by Professional Leading The Field Membership Application

Please complete in capital letters using black ink.

| Mr Mrs | | | | | N | Miss | | | Ms | | | | | | | | | | | | | | | | |
|-----------------------------|---|---------|----------|----------|--------|-------|--------|------|--------|-------|-------|--------------|-------|--|------|------|------|------------|------|--------|--------|------|-------|----|--|
| Surname | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Forenames | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Maiden / all previous names | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Present Address | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Telephone and Mobile Number | | | | | | | | | | | | | | | _ | | | | | | | | | | |
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| Time | Time at current address if less than 5 years Date of Birth | | | | | | | | | | | | | | | | | | | | | | | | |
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| E mail address | | | | | | | | | | | | | | • | | | | | | | | | | | |
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| Mari | tal Sta | tus | | | | | | N | /lale | | F | -em | nale | | D | o yo | ou h | old a | curi | rent I | Orivi | ng l | _icer | se | |
| Single | 9 | | Ма | rried | | | | | | | | Yes No | | | | | | | | | \neg | | | | |
| Next | of Kir | 1 | | | | | | | | | | | | | | | | | | | | | | | |
| Have | you e | ver bee | en conv | icted o | f a C | rimin | al Off | ence | , if Y | es pl | lease | sup | ply d | etails | | Y | es | | | N | lo | | | | |
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| Aı | e you | physi | cally fi | t for th | e rol | e of | dog h | nand | ler | | Yes | | | | | No | | L | | | | | | | |
| H | ave yo | u eve | r had a | a seric | us ill | Iness | S | | | | Yes | | | | 1 | No | | | | | | | | | |
| | | | | | | | | Cor | nfide | ntia | l Wh | en (| Com | olete | d | | | | | | | | | | |
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| Category of Membership | | | | | | | | | | | Inst | ructo | r | | | £70.00pa | | | | | | | |
|-----------------------------|--|---------------|-------|-------|-------|-------|----------|--------|----------|----------|---------------|-----------------|-------------------|--------------|----------|----------|----------|--------------|----------|--|--|--|--|
| Individual £25 pa | | | | | | | | | | | Busin Insp | | I | | | £55 pa | | | | | | | |
| C N | orpo Ion Ir | rate ispec | ted | | | £80.0 | 00 pa | | | | Cen | tre In inspe | spec [.] | ted n fee | TBA | | £75pa | | | | | | |
| Co | mpa | ny Na | ame a | and a | ddre | ss | | | | | piao | шор | 000101 | 1100 | 1 57 (| | | | | | | | |
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| Occupational Qualifications | | | | | | | | | | | | | | | | | | | | | | | |
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| An | Any other qualifications or relevant information | | | | | | | | | | | | | | | | | | | | | | |
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| Pr | eviou | is add | dress | es (p | lease | inclu | ude a | ll add | dress | es co | vering | g a 10 |) yr p | eriod | l) | | | | | | | | |
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| | | | | | | | | C | onfide | ential ' | Wher | n Cor | nplet | ed | | | | | | | | | |

| | Please enclose 3 personal references (not family) known for at least 3 years | | | | | | | | | | | | | | | | | | | | |
|---|--|--|-----|------|--|--|--|--|--|--|--|--|--|--|--|--|--|---|--|--|--|
| SI | SIA Licence Number | | | | | | | | | | | | | | | | | | | | |
| D | Door Supervision | | | | | | | | | | | | | | | | | | | | |
| Se | Security Guarding | | | | | | | | | | | | | | | | | | | | |
| Cl | Close Protection | | | | | | | | | | | | | | | | | | | | |
| INS | INSURANCE REQUIREMENTS –Trainers, Instructors, Handlers | | | | | | | | | | | | | | | | | | | | |
| Name of Insurance Company Type of cover held | | | | | | | | | | | | | | | | | | | | | |
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| Poli | Dlicy Number Expiry Date | | | | | | | | | | | | | | | | | | | | |
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direct permission from you.

Please send completed application and the correct fee to : New House Cefn Vaynor, Berriew, Welshpool, Powys SY21 8PP please contact 01686 640 781 for additional information or email mail@ntipdu.org

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